

| POSITION | ID NO. | DATE |
|-------------|--------|----------|
| CLASSIFIER | H1 | 10/20/04 |
| EXAMINER | | 353 |
| TYPIST | | 10-31 |
| VERIFIER | VWJ6 | 11-17 |
| CORPS CORR. | | |
| SPEC. HAND | | |
| FILE MAINT. | | |
| DRAFTING | | |

APPLICANTS

TITLE _____ ADDRESS _____

INDEX OF CLAIMS

| Claim | Date |
|-----------|------|
| Final | |
| Original | |
| 1 | |
| 2 | |
| 3 3 ✓ = | |
| 4 4 ✓ | |
| 5 5 ✓ | |
| 6 6 ✓ | |
| 7 7 ✓ | |
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| 9 9 ✓ | |
| 10 11 ✓ = | |
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| 20 21 ✓ = | |
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| 34 35 ✓ = | |
| 35 36 ✓ = | |
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| 37 38 ✓ | |
| 38 39 ✓ | |
| 39 40 ✓ | |
| 40 41 ✓ | |
| 41 42 ✓ | |
| 42 43 ✓ | |
| 43 44 ✓ | |
| 44 45 ✓ | |
| 45 46 ✓ | |
| 46 47 ✓ | |
| 47 48 ✓ | |
| 48 49 ✓ | |
| 49 50 ✓ | |

SYMBOLS

| | |
|--------------------|--------------|
| ✓ | Rejected |
| = | Allowed |
| - (Through number) | Canceled |
| - | Restricted |
| N | Not Selected |
| I | Interference |
| A | Appeal |
| O | Objected |

| Claim | Date |
|-------|------|
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(LEFT INSIDE)